

City of Conneaut

Office of the City Manager

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Tree Removal Reimbursement Program

Date of Application: _____ Parcel# _____ Permit # _____

Applicant Name (if different than owner)					
Property Owner					
Street Address	City	State	Zip code	Cell phone	Home phone

Contractor Information

Name of Owner or Company		Email Address	
Street Address	City	State	Zip code
Phone Number with area code ()	Fax Number ()	Cell Phone No. ()	

Requirements:

- Signed application by Sept 1st of following year
- Estimate from a licensed contractor

Steps after application is approved:

- Pre-inspection from Zoning Office
- Post –inspection from Zoning Office
- Paid invoice presented to Zoning Office
- Submitted to Finance Department for reimbursement

 Property Owner Print

 Date

 Property Owner Signature

 Date

Address of Household: _____

Total Number of Household Members (include yourself, spouse, children, etc.): _

Owner _____ Tenant _____ Commercial _____ (Please check one that applies)

How long at this address: _____ Years _____ Months

Income Range of Household

Income Limit Ranges**

\$0 _____	-	\$31,050 _____
\$31,051 _____	-	\$35,450 _____
\$35,451 _____	-	\$39,900 _____
\$39,901 _____	-	\$44,300 _____
\$44,301 _____	-	\$47,850 _____
\$47,851 _____	-	\$51,400 _____
\$51,401 _____	-	\$54,950 _____
\$54,951 _____	-	\$58,500 _____
\$58,501 _____	-	above _____

(Total gross annual income of all persons)
Check the box below that corresponds to your household's income range:

Department Use Only

Date of Estimate: _____ Cost of Project: _____ Measurement of Sidewalk _____

Degree of risk to public: High _____ Medium _____ Low _____

Pictures enclosed: Yes _____ How many _____ No _____

Date Approved: _____ Date Denied: _____

City Manager

Date